

Department of Human Services
Bureau of Human Service Licensing

June 1, 2021

██████████ ADMIN/OWNER
QUALITY ASSISTED CARE INC
3411 NORTH 17TH STREET
PHILADELPHIA, PA 19140

RE: QUALITY ASSISTED CARE
3411 NORTH 17TH STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 19305

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *QUALITY ASSISTED CARE* **Licence #:** *19305* **Licence Expiration Date:** *05/07/2021*
Address: *3411 NORTH 17TH STREET, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* **Region:** *SOUTHEAST*

Administrator

Name: [REDACTED] **Phone:** *2152234475* **Email:** [REDACTED]

Legal Entity

Name: *QUALITY ASSISTED CARE INC*
Address: *3411 NORTH 17TH STREET, PHILADELPHIA, PA, 19140*
Phone: *2152234475* **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *Other* **Date:** *02/08/2011* **Issued By:** *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *13* **Working Staff:** *10*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *04/22/2021*

Inspection Dates and Department Representative

04/22/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* **Residents Served:** *13*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *NA*

Number of Residents Who:

Receive Supplemental Security Income: <i>13</i>	Are 60 Years of Age or Older: <i>6</i>
Diagnosed with Mental Illness: <i>13</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

04/22/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/17/2021*

5/25/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/01/2021*

6/1/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash can in the 3rd floor bathroom did not have a lid.

Plan of Correction

Accept

The home has purchased a covered receptacle for the 3rd floor bathroom. To ensure future compliance direct care staff will as part of daily checklist to make sure that trash receptacles are in place and covered

Completion Date: 05/14/2021

Update - 05/25/2021

SP - 05-25-2021 - Checklist to be maintained for Department review

Document Submission

Implemented

see attachment

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The 3rd floor emergency egress entryway was dark. It did not have adequate light for residents in case of an emergency.

Plan of Correction

Accept

The burnt out light bulb on the 3rd floor Emergency egress entryway was replaced with a new Bulb. To ensure future compliance direct care will as part of their daily checklist to make sure that all lighting throughout the building are in good working condition

Completion Date: 04/23/2021

Update - 05/25/2021

SP 05 25 2021 Checklist to be maintained for Department review

Document Submission

Implemented

see attachment

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit was unsanitary and did not include anti-septic or disposable gloves.

96a - First Aid Kit (continued)

Plan of Correction **Accept**

The First Aid Kit is now sanitized and include up-to date anti-septic solutions along with the replacement of new disposable gloves. To ensure future compliance the administrator will check on a weekly basic and each use of the First Aid Kit for any out dated Items and to make sure all required items are still in place

Completion Date: 05/14/2021

Document Submission **Implemented**

see attachment 96a First Aid Kit

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The 3rd floor bathtub does not have a slip-resistant surface.

Plan of Correction **Accept**

The 3rd floor bathtub now have a new slip-resistant shower mat in place. To ensure future compliance the direct care staff on duty will as part of the daily checklist to make sure that the slip-resistant shower mat is always in place.

Completion Date: 04/22/2021

Update - 05/25/2021

SP - 05-25-2021 - Checklist to be maintained for Department review

Document Submission **Implemented**

see attachment

102h - Toilet Paper

1. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

There was no toilet paper in the 3rd floor bathroom.

Plan of Correction **Accept**

Immediate action was taken in replacing a new roll of toilet paper in 3rd floor bathroom. To ensure future compliance the direct care staff on duty will as part of the daily checklist. To monitor toilet paper usages frequency within every 3 hours.

Completion Date: 04/22/2021

Update - 05/25/2021

SP - 05-25-2021 - Checklist to be maintained for Department review

Document Submission **Implemented**

see attachment

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the 1st floor shared bathroom.

Plan of Correction

Accept

Immediate action was taken, the used bar of soap was discarded. Each resident now has their own soap in label soap container with each individual name, To ensure future compliance the direct care staff on duty will remind the residents to put back the soap in their own label soap dishes , and take it back to their room

Completion Date: 04/22/2021

Document Submission

Implemented

see attachment

109b - Rabies Vaccination

1. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The home does not have a current certificate of rabies vaccination for the two cats that live in the home.

Plan of Correction

Accept

Both cats that live in the e home now has Certificate of vaccination against rabies. To ensure future compliance the administrator will as part of t he yearly check list to have cats vaccinated in a timely manner

Completion Date: 04/30/2021

Update - 05/25/2021

SP - 05-25-2021 - Checklist to be maintained for Department review

Document Submission

Implemented

see attachment

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2’s assessment, dated [REDACTED] was incomplete. The home did not complete pages 4-11.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept

The home as now completed the oversight assessment of resident #2 pages 4-11. To ensure ongoing compliance after the initial completion of an assessment by the direct care staff personnel , Immediately there after the administrator will review and verify that the assessment was completed in its entirety before being file in the resident record.

Completion Date: 04/30/2021

Document Submission

Implemented

see attachment

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 s support plan, dated [REDACTED] was incomplete. The home did not complete page 4 11.

Plan of Correction

Accept

The home as now completed the oversight Support plan of resident #2 pages 4-11. To ensure ongoing compliance after the initial completion of support plan by the direct care staff personnel , Immediately there after the administrator will review and verify that the support plan was completed in its entirety before being file in the resident record.

Completion Date: 04/30/2021

Document Submission

Implemented

see attachment

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The photograph in resident #1's record was not dated.

Plan of Correction

Accept

The oversight of resident #1 photograph as now been updated accordingly. To ensure future compliance the administrator will verify and review all Residents records to have dated picture of all the residents .

Completion Date: 04/24/2021

252 - Record Content (*continued*)

Document Submission**Implemented***see attachment*